2005 LIMITED LIABILITY COMPANY REINSTATEMENT

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DOCUMENT # L02000024916 1. Entity Name DOLPHIN INVESTMENTS MANAGER 2002-1, L.L.C.							SECK DIVISIO O 5 AU (G 23	OF STATER ORAT	IE IONS
% Bruce P 2033 Main Sarasota, I	<u></u>	Mailing Address % BRUCE P CHAPNICK, E 2033 MAIN STREET STE. SARASOTA, FL 34237			* 1	98				
· ·	Place of Business ick Wilson Drive #, etc.	3. Mailing Address 3118 Dick Wi Suite, Apt. #, etc.	lso	n Dr	ive	05102005	REIN-LLC		E101 (6/04)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
City & Stat	te	City & State				4. FEI Numbe			· · ·	pplied For
Saraso		1	ori	da			PLICABLE			ot Applicable
Zip Country		Zip Country		ry	į	5. Certificate			\$5.00 Additional Fee Required	
34240	6. Name and Address of Current F	legistered Agent				7. Name and	Address of New I	Registered		
CHVByllC	K, BRUCE P		ļ	Name	nna I	Colk:				
	N STREET STE. 600	Street Address			ddress (F	R Colkitt (P.O. Box Number is Not Acceptable)				
SARASOT	ΓA, FL 34237		ŀ	3118	3 D1.C	k Wilso	on Drive			
				City					7-0-	
				City Sara	sota	l		FL	Zip Cod 3 4 2 4	.0
The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its re	gistere	d office o	r registere	ed agent, or bot	th, in the State of Fl	orida. I am	familiar with,	, and accept
- -		a latter						8-	2-05	`
SIGNATURE .	Signature, proof or printed name of registered agent ar	nd atte d applicable (NOTE:	Registered	i Agent eign	sture require	d when reinstating)		DATE		
FILE NOWIII FEE IS \$200.00										
FILE	NOWIII FEE IS \$200.00	·						-	payable to nent of Stat	9
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9. TITLE NAME	MANAGING MEMBEF MGR COLKITT, JUANNE R		TITLE NAME		Col		ADDITIONS oanne R.	a Departπ	nent of Stat	<u></u>
9. THILE	MANAGING MEMBEF		TITLE NAME	T ADDRESS	Col	B Dick	ADDITIONS oanne R. Wilson D	a Departm /CHANGES	nent of Stat	<u></u>
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR COLKITT, JUANNE R 9230 BLIND PASS RD		TITLE NAME STREE	T ADDRESS	Col	B Dick	ADDITIONS oanne R.	a Departm /CHANGES	nent of Stat	<u></u>
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Joanne R. Colkitt

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